



1AP15 Rec'd PCT/PTO 07 FEB 2007
PCT-1 FW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:) Confirmation No. 5371
KAYAMA et al)
Serial No.: 10/519,456) Examiner: HOLMES, Justin K.
Filed: December 29, 2004) Art Unit: 3681
For: AUTOMATIC TRANSMISSION)

RESPONSE TO NOTICE OF JANUARY 30, 2007

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Siri

Responsive to the notice mailed January 30, 2007 (copy attached), enclosed is a check in the amount of \$100.00, for payment of excess claims fees.

Respectfully submitted,
BACON & THOMAS

Date

Atty. Dkt: KAYA3003

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02/09/2007 HKAYPAGH 00000031 10519456

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UNITED STATES PATENT AND TRADEMARK OFFICE



UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/519,456	12/29/2004	Kazumichi Kayama	AW-C510	5371
7590		01/30/2007	EXAMINER	
George A. Loud, Esquire BACON & THOMAS 625 Slaters Lane, Fourth Floor Alexandria, VA 22314-1176		HOLMES, JUSTIN K		
		ART UNIT	PAPER NUMBER	
		3681		

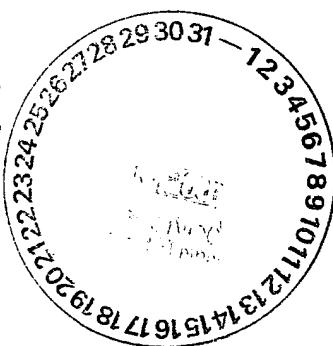
SHORTENED STATUTORY PERIOD OF RESPONSE	MAIL DATE	DELIVERY MODE
30 DAYS	01/30/2007	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

If NO period for reply is specified above, the maximum statutory period will apply and will expire 6 MONTHS from the mailing date of this communication.

KAYA 305

Date 2/1/07 Atty GAL
Action Due Response
Deadline 3/1/07
Final Deadline 8/1/07
Based on _____





PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number
01519456

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
EXAMINATION FEE	Satisfies PCT Article 33(1) (4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200
SEARCH FEE	U.S. to ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400	All other countries = \$ 250 / \$ 500
FEES FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	18 minus 20 =	.
INDEPENDENT CLAIMS	1 minus 3 =	.
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE	OR	OTHER THAN SMALL ENTITY
BASIC FEE		RATE OR BASIC FEE 300
EXAM. FEE		EXAM. FEE 200
SEARCH FEE		SEARCH FEE 400
X \$ 125 =		X \$ 250 =
X \$ 25 =		X \$ 50 =
X \$ 100 =		X \$ 200 =
+\$ 180 =		+\$ 360 =
TOTAL		TOTAL 900

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	18	Minus	** 20 =
Independent	1	Minus	*** 3 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE	ADDI- TIONAL FEE	RATE
X \$ 25 =	1	X \$ 50 =
X \$ 100 =		X \$ 200 =
+\$ 180 =		+\$ 360 =
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	19	Minus	** 20 =
Independent	2	Minus	*** 3 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X \$ 25 =		X \$ 50 =	
X \$ 100 =	100	X \$ 200 =	
+\$ 180 =		+\$ 360 =	
TOTAL ADDIT. FEE	100	TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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NOTICE REQUIRING EXCESS CLAIMS FEES

The excess claim(s) filed on 12/22/06 is not accompanied by the appropriate payment of excess claims fees set forth in 37 CFR 1.16(h)-(j) or 1.492(d)-(f). Excess claims fees are required for each claim in independent form in excess of three (§ 1.16(h)), each claim (whether dependent or independent) in excess of twenty (note that § 1.75(c) indicates how multiple dependent claims are considered for fee calculation purposes) (§ 1.16(i)), and each application that contains a multiple dependent claim (§ 1.16(j)).

Since the application is not under a final rejection, applicant is given a time period of **ONE (1) MONTH or THIRTY (30) DAYS** from the mailing date of this notice, whichever is longer, to submit either: (1) the fee payment of \$100.00, or (2) an amendment in compliance with 37 CFR 1.121 that cancels the excess claim(s), in order to avoid ABANDONMENT. Extensions of this time period may be granted under 37 CFR 1.136, unless the excess claim(s) was presented in a preliminary amendment.

1. The funds in Deposit Account No. _____ are insufficient to cover the entire fee due. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.

2. The Credit Card payment to cover the entire fee due to Account _____ (Card type + last 4 digits ONLY) was refused. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.

3. The amendment that includes the excess claim(s) has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account or Credit Card) the fee as indicated on the attached Patent Application Fee Determination Record (PTO/SB/06). Remittance or authorization is due within the time period set forth in this notice.

4. The fee submitted in this application is insufficient. A balance of \$ _____ is due for presentation of excess claims (37 CFR 1.16(h)-(j) or 1.492(d)-(f)).

5. Other.

Explanation (Provide specific details of the required correction in order to assist the applicant. Indicate whether a service charge has been added to the fee due):

THE AMOUNT OF THE FEE(S) DUE IS SUBJECT TO CHANGE, GENERALLY ON OCTOBER 1 OF EACH YEAR (37 CFR 1.16, 1.21 & 1.492). THE AMOUNT OF THE FEE(S) DUE IS DETERMINED AS OF THE DATE A COMPLETE REPLY WITH THE APPROPRIATE FEE(S) IS RECEIVED BY THE OFFICE (37 CFR 1.8 & 1.10). BECAUSE THE AMOUNT DUE IS SUBJECT TO CHANGE, IT IS RECOMMENDED THAT APPLICANT CHECK THE CURRENT FEE SCHEDULE WHICH IS AVAILABLE ON THE USPTO'S WEBSITE AT: <http://www.uspto.gov/web/offices/ac/qs/ope/fees.htm>

Service Charges: There is a \$50 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)). There is a \$25.00 service charge for each month when the balance of a deposit account is below \$1000 at the end of the month (37 CFR 1.21(b)(2)).

Uda D. Rogers

(571) 272-6620

Technical Support Staff (TSS)

Note to TSS: Please do NOT use this notice if the application is under a final rejection.